

MAILING ADDRESS

Board of Barber Examiners
PO Box 94723
Lincoln, NE 68509

Nebraska Application Transfer Ownership of Barber Shop**OFFICE LOCATION**

Executive Building
521 South 14th Street
1st Floor – (402)471-2051

Please Print Or Type:

WITHIN 30 DAYS OF FINALIZING SALE Submit application and \$50.00 fee to record Transfer of Ownership and obtain Issuance of Duplicate License Certificate.

Current owner(s) must complete the following information.

Shop License No. _____

Shop Owner(s) _____
Individuals Name (first, middle, last) or Name of Corporation, LLC

Shop Owner(s) _____
Individuals Name (first, middle, last) or Name of Corporation, LLC

Shop Manager _____ Barber License No. _____

Shop Name _____ Last Day of Operation _____

RELEASE OF CERTIFICATE OF REGISTRATION FOR TRANSFER:

I, the current holder of this barber shop registration, do herewith release said certificate for transfer to the applicant(s).

SIGNATURE _____
Owner's authorized to release (witnessed by Notary Public)

SIGNATURE _____
Owner's authorized to release (witnessed by Notary Public)

STATE OF NEBRASKA)

SUBSCRIBED AND SWORN TO BEFORE ME THIS

COUNTY OF _____)

_____ DAY OF _____ 20 _____

SEAL

NOTARY PUBLIC

Applicant(s) (new owner) must complete the following information.

Barber Shop Name _____ Shop Phone# _____

Shop Mailing Address _____ City _____ State _____ Zip _____

First Day of Operation _____

Shop Owner(s) _____

Individuals Name (first, middle, last) or Name of Corporation, LLC

Is Owner Licensed Barber Yes [] No [] License # _____ Home Phone# _____ Cell Phone# _____

Shop Owner(s) _____

Individuals Name (first, middle, last) or Name of Corporation, LLC

Is Owner Licensed Barber Yes [] No [] License # _____ Home Phone# _____ Cell Phone# _____

Shop Manager _____ Barber License # _____ Manager's Phone # _____

If incorporated submit proof of Articles of Incorporation. Federal Identification # (FIN or EIN) _____

Does shop offer booth/chair rental? YES [] NO [] if yes, enclosed lockable booth/suites? YES [] NO [] if yes, key must be available for inspection.

Provide a list of barbers working with their barber license numbers and booth permit numbers if applicable on a separate piece of paper.

United States Citizenship Attestation - For the purpose of complying with Neb.Rev.Stat. §§4-108 through 4-114, I attest as follows:

____ I am a citizen of the United States.

OR

____ I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____ and I agree to provide a copy of my USCIS documentation upon request.

OR

____ Not applicable as Business is [] Partnership [] Corporation or [] Other _____

Explain/Describe

SIGNATURE _____ SOCIAL SECURITY # _____
Applicant's (witnessed by Notary Public)

SIGNATURE _____ SOCIAL SECURITY # _____
Applicant's (witnessed by Notary Public)

STATE OF NEBRASKA)

SUBSCRIBED AND SWORN TO BEFORE ME THIS

COUNTY OF _____)

_____ DAY OF _____ 20 _____

SEAL

NOTARY PUBLIC

OFFICE USE ONLY:

DATE FILED _____

RECEIPT NO. _____

APPROVAL DATE _____

FEE SUBMITTED _____

LICENSE NO. _____

DUPLICATE ISSUED _____